

# Missouri Bureau of Vital Records

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## Local Public Health Agency Training Guide



Missouri Department of Health & Senior Services  
930 Wildwood Drive  
Jefferson City, MO 65109

Revision: October 2020

## Local Public Health Agencies

Local public health agencies (LPHAs), also known as city or county health departments, located throughout Missouri work to improve the health of thousands of Missourians every year. These **agencies** address a wide range of public health issues, from assessing the health risks of environmental problems to providing emergency services during natural disasters. Local public health agencies protect food safety by inspecting restaurants and grocery stores. And they work to control communicable diseases such as flu and tuberculosis and to alleviate chronic conditions, including heart disease, diabetes, and stroke.

The Missouri Bureau of Vital Records in Jefferson City maintains a reliable statewide system to register, certify, and report vital events. The bureau works with important partners such as local public health agencies, hospitals, and funeral establishments to collect, register, and issue births and deaths. The state, together with local vital records offices located inside LPHAs across Missouri<sup>1</sup>, provide vital records related customer service and assure that birth and death certificates are issued conveniently and without delay.

## Contact Bureau of Vital Records

The Missouri Bureau of Vital Records has field representative staff who travel the state training vital records data providers. Field staff can also arrange for telephone/web conference training calls.

If you are a vital records data provider (local county health agency, funeral home/director, hospital/licensed birthing center, county official, medical certifier, etc.) and would like to request a personalized training session or gain access to MoEVR, please **call 573-751-6387, option 4.**

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## **Preserving Records/Certified Copies**

**193.225.** Methods of preserving records, requirements – certified reproductions accepted as originals – death record originals transferred to state archives. – To preserve vital records, the state registrar is authorized to prepare typewritten, photographic, electronic, or other reproductions of vital statistics certificates or reports. Such reproducing material shall be of durable material and the device used to reproduce the records shall be as to accurately reproduce and perpetuate the original records in all details ensuring their proper retention and integrity in accordance with standards established by the state records commission. Such reproductions when certified by the state registrar shall be accepted as the original records. Death records over fifty years old from which permanent reproductions have been made and verified shall be transferred to the Missouri state archives.

(L. 19984 S.B. 574, A.L. 2004 H.B. 1634) Effective – 28 Aug 2004

## **Cannot Make Copies for Use by Others**

**193.245.** Inspection and copying of records, disclosure of information, unlawful unless authorized – authority. – It shall be unlawful for any person to permit inspection of, or to disclose information contained in, vital records or to copy or issue a copy of all or part of any such record except as authorized by this law and by regulation or by order of a court of competent jurisdiction or in the following situations:

- (1) A listing of persons who are born or who die on a particular date may be disclosed upon request, but no information from the record other than the name and the date of such birth or death shall be disclosed;
- (2) The department may authorize the disclosure of information contained in vital records for legitimate research purposes;
- (3) To a qualified applicant as provided in section 193.255;
- (4) Copies of death records over fifty years old may be disclosed upon request.

(L. 1984 S.B. 574, A.L. 1992 H.B. 894, A.L. 2004 H.B. 1634) Effective – 28 Aug 2004

## **Issuance of Certified Copies of Vital Records**

**193.255.** Certified copies of vital records, issuance – probative value – cooperation with federal agencies and other states – issuance of certificate of birth resulting in stillbirth, when. –

1. The state registrar and other custodians of vital records authorized by the state registrar to issue certified copies of vital records upon receipt of application shall issue a certified copy of any vital record in his custody or a part thereof to any applicant having a direct and tangible

interest in the vital record. Each copy issued shall show the date of registration, and copies issued from records marked "Delayed" or "Amended" shall be similarly marked and show the effective date. The documentary evidence used to establish a delayed certificate shall be shown on all copies issued. All forms and procedures used in the issuance of certified copies of vital records in the state shall be provided or approved by the state registrar.

2. A certified copy of a vital record or any part thereof, issued in accordance with subsection 1 of this section, shall be considered for all purposes the same as the original and shall be prima facie evidence of the facts stated therein, provided that the evidentiary value of a certificate or record filed more than one year after the event, or a record which has been amended, shall be determined by the judicial or administrative body or official before whom the certificate is offered as evidence.

3. The federal agency responsible for national vital statistics may be furnished such copies or data from the system of vital statistics as it may require for national statistics, provided such federal agency share in the cost of collecting, processing, and transmitting such data, and provided further that such data shall not be used for other than statistical purposes by the federal agency unless so authorized by the state registrar.

4. Federal, state, local and other public or private agencies may, upon request, be furnished copies or data of any other vital statistics not obtainable under subsection 1 of this section for statistical or administrative purposes upon such terms or conditions as may be prescribed by regulation, provided that such copies or data shall not be used for purposes other than those for which they were requested unless so authorized by the state registrar.

5. The state registrar may, by agreement, transmit copies of records and other reports required by sections [193.005 to 193.325](#) to offices of vital statistics outside this state when such records or other reports relate to residents of those jurisdictions or persons born in those jurisdictions. This agreement shall require that the copies be used for statistical and administrative purposes only, and the agreement shall further provide for the retention and disposition of such copies. Copies received by the department from offices of vital statistics in other states shall be handled in the same manner as prescribed in this section.

6. No person shall prepare or issue any certificate which purports to be an original, certified copy, or copy of a vital record except as authorized herein or by regulations adopted hereunder.

7. Upon application from either parent, or if both parents are deceased, the sibling of the stillborn child, pursuant to subsection 7 of section [193.165](#), the state registrar or other custodians of vital records shall issue to such applicant a certificate of birth resulting in stillbirth. The certificate shall be based upon the information available from the spontaneous fetal death report filed pursuant to section [193.165](#). Any certificate of birth resulting in stillbirth issued shall conspicuously include, in no smaller than twelve-point type, the statement "This is not proof of a live birth.". No certificate of birth resulting in stillbirth shall be issued to any person other than a parent, or if both parents are deceased, the sibling of the stillborn child who files an application pursuant to section [193.165](#). The state registrar or other custodians of

vital records are\* authorized to charge a minimal fee to such applicant to cover the actual costs of providing the certificate pursuant to this section.

8. Any parent, or if both parents are deceased, any sibling of the stillborn child may file an application for a certificate of birth resulting in stillbirth for a birth that resulted in stillbirth prior to August 28, 2004.

(L. 1984 S.B. 574, A.L. 2004 H.B. 1136)

## **Fees for Certificates**

**193.265.** Fees for certification and other services – distribution – services free, when. –

1. For the issuance of a certification or copy of a death record, the applicant shall pay a fee of fourteen dollars for the first certification or copy and a fee of eleven dollars for each additional copy ordered at that time. For the issuance of a certification or copy of a birth, marriage, divorce, or fetal death record, the applicant shall pay a fee of fifteen dollars. No fee shall be required or collected for a certification of birth, death, or marriage if the request for certification is made by the children's division, the division of youth services, a guardian ad litem, or a juvenile officer on behalf of a child or person under twenty-one years of age who has come under the jurisdiction of the juvenile court under section [211.031](#). All fees collected under this subsection shall be deposited to the state department of revenue. Beginning August 28, 2004, for each vital records fee collected, the director of revenue shall credit four dollars to the general revenue fund, five dollars to the children's trust fund, one dollar shall be credited to the endowed care cemetery audit fund, one dollar for each certification or copy of death records to the Missouri state coroners' training fund established in section [58.208](#), and three dollars for the first copy of death records and five dollars for birth, marriage, divorce, and fetal death records shall be credited to the Missouri public health services fund\* established in section [192.900](#). Money in the endowed care cemetery audit fund shall be available by appropriation to the division of professional registration to pay its expenses in administering sections [214.270 to 214.410](#). All interest earned on money deposited in the endowed care cemetery audit fund shall be credited to the endowed care cemetery fund. Notwithstanding the provisions of section [33.080](#) to the contrary, money placed in the endowed care cemetery audit fund shall not be transferred and placed to the credit of general revenue until the amount in the fund at the end of the biennium exceeds three times the amount of the appropriation from the endowed care cemetery audit fund for the preceding fiscal year. The money deposited in the public health services fund under this section shall be deposited in a separate account in the fund, and moneys in such account, upon appropriation, shall be used to automate and improve the state vital records system, and develop and maintain an electronic birth and death registration system. For any search of the files and records, when no record is found, the state shall be entitled to a fee equal to the amount for a certification of a vital record for a five-year search to be paid by the applicant. For the processing of each legitimation, adoption, court order or recording after the registrant's twelfth birthday, the state shall be entitled to a fee equal to the amount for a certification of a vital record. Except whenever a certified copy or copies of

a vital record is required to perfect any claim of any person on relief, or any dependent of any person who was on relief for any claim upon the government of the state or United States, the state registrar shall, upon request, furnish a certified copy or so many certified copies as are necessary, without any fee or compensation therefor.

2. For the issuance of a certification of a death record by the local registrar, the applicant shall pay a fee of fourteen dollars for the first certification or copy and a fee of eleven dollars for each additional copy ordered at that time. For each fee collected under this subsection, one dollar shall be deposited to the state department of revenue and the remainder shall be deposited to the official city or county health agency. The director of revenue shall credit all fees deposited to the state department of revenue under this subsection to the Missouri state coroners' training fund established in section [58.208](#).

3. For the issuance of a certification or copy of a birth, marriage, divorce, or fetal death record, the applicant shall pay a fee of fifteen dollars; except that, in any county with a charter form of government and with more than six hundred thousand but fewer than seven hundred thousand inhabitants, a donation of one dollar may be collected by the local registrar over and above any fees required by law when a certification or copy of any marriage license or birth certificate is provided, with such donations collected to be forwarded monthly by the local registrar to the county treasurer of such county and the donations so forwarded to be deposited by the county treasurer into the housing resource commission fund to assist homeless families and provide financial assistance to organizations addressing homelessness in such county. The local registrar shall include a check-off box on the application form for such copies. All fees collected under this subsection, other than the donations collected in any county with a charter form of government and with more than six hundred thousand but fewer than seven hundred thousand inhabitants for marriage licenses and birth certificates, shall be deposited to the official city or county health agency.

4. A certified copy of a death record by the local registrar can only be issued within twenty-four hours of receipt of the record by the local registrar. Computer-generated certifications of death records may be issued by the local registrar after twenty-four hours of receipt of the records. The fees paid to the official county health agency shall be retained by the local agency for local public health purposes.

5. No fee under this section shall be required or collected from a parent or guardian of a homeless child or homeless youth, as defined in subsection 1 of section [167.020](#), or an unaccompanied youth, as defined in 42 U.S.C. Section 11434a(6), for the issuance of a certification, or copy of such certification, of birth of such child or youth. An unaccompanied youth shall be eligible to receive a certification or copy of his or her own birth record without the consent or signature of his or her parent or guardian; provided, that only one certificate under this provision shall be provided without cost to the unaccompanied or homeless youth. For the issuance of any additional certificates, the statutory fee shall be paid.

(L. 1984 S.B. 574, A.L. 1985 S.B. 263, A.L. 1990 H.B. 1079, A.L. 1992 H.B. 894, A.L. 1999 H.B. 343, A.L. 2004 H.B. 795, et al., A.L. 2010 H.B. 1643 merged with H.B. 1692, et al. merged with S.B. 754, A.L. 2018 S.B. 819, A.L. 2020 H.B. 1414 merged with H.B. 2046)

## Confidentiality of Vital Records

Vital record access to the TN3270 Plus/Mainframe system is provided to each local public health agency (LPHA) through annual Memorandum of Understanding (MOU) agreements. In these agreements, LPHAs agree to adhere to the Uniform Vital Statistics Law, Sections 193.005 – 193.325, RSMo, and rules, regulations, and guidelines adopted to implement the Uniform Vital Statistics Law.

Specifically, in Missouri, vital records are not public records and are restricted, and as such, they are protected by law. Their disclosure and use is well-regulated even in circumstances regarding Sunshine requests.

Vital records fall under an exception to sunshine for records and are protected from disclosure by law.

§610.021(14), RSMo. Section 193.245 RSMo provides, “It shall be unlawful for any person to permit inspection of, or to disclose information contained in, vital records or to copy or issue a copy of all or part of any such record except as authorized by this law and by regulation or by order of a court of competent jurisdiction or in the following situations:

- (1) A listing of persons who are born or who die on a particular date may be disclosed upon request, but no information from the record other than the name and the date of such birth or death shall be disclosed;
- (2) The department may authorize the disclosure of information contained in vital records for legitimate research purposes;
- (3) To a qualified applicant as provided in section 193.255;
- (4) Copies of death records over fifty years old may be disclosed upon request.

The **underline portion** above regarding section (3) is the **only** function local public health agencies across the state are authorized to perform for customers. Additional uses of the vital record system are **not** authorized or permitted. If entities request records under sections (1), (2), or (4), please direct them to the Bureau of Vital Records in Jefferson City.



## Instructions for A.S.A.P - PROD/TN 3270 Plus

- Step 1: From dhssnet website: [https://healthapps.dhss.mo.gov/asap\\_web/asaplogin.aspx](https://healthapps.dhss.mo.gov/asap_web/asaplogin.aspx)
- Step 2: Sign in (either as new user or use existing ID/password)
- Step 3: Click “Completing for Self” or “Completing for Other Employee” – then “Next”
- Step 4: Area Type: Choose “MAINFRAME DDP-137” from the dropdown list
- Step 5: May auto populate SSN – if not enter it
- Step 6: DDP-137 Area Type: Chose “Vital Records” from dropdown list
- Step 7: Request Type: Choose “Add Access” from dropdown list
- Step 8: Action Type: Choose “Add Security Groups” from dropdown list
- Step 9: Action Groups: Choose “A-H##\$P020” from dropdown list
- Step 10: Effective Date: Type in today’s date unless for future employee
- Step 11: Hit “I Agree” then “Submit Form”

## Notice of Fees

### Missouri Department of Health & Senior Services

In the State of Missouri, vital records are not open to the general public. Copies of vital records are provided to specifically defined individuals or entities. This helps protect identities, prevent fraud, and preserve the integrity of vital records. State law only allows a certified copy of a vital record to be issued to a person with a direct and tangible interest in the record.

The State Bureau of Vital Records began recording birth and death records on January 1, 1910 for events occurring in Missouri. Statewide registration of marriage and divorce records began on July 1, 1948. Many Missouri residents can quickly obtain their birth, death, marriage, and divorce records at the local level. There are some types of vital records only available at the county level, and other types of records that are only available from the Bureau of Vital Records in Jefferson City. For more information, visit: [www.health.mo.gov/vitalrecords](http://www.health.mo.gov/vitalrecords)

#### Birth

Birth certificate (5-year search includes one certified copy if record is found) .....	\$15.00
Correction of birth record by affidavit.....	NO FEE
Processing court ordered changes relating to birth (does not include certified copy) .....	\$15.00
Processing decrees of adoption (does not include new certified copy) .....	\$15.00
Processing legitimation (does not include new certified copy) .....	\$15.00
Processing application to record a birth after twelfth (12 <sup>th</sup> ) birthday (does not include certified copy) .....	\$15.00
Register birth records either by traditional processes or by court order.....	NO FEE

#### Death

Death certificate (5-year search includes one certified copy if record is found) .....	\$14.00
Additional copies of same death record ordered at same time (each) .....	\$11.00
Correction of death record by affidavit.....	NO FEE
Processing court ordered correction of death record (does not include certified copy) .....	\$14.00
Fetal Death Report or Certificate of Birth Resulting in Stillbirth.....	\$15.00
Register death records either by traditional processes or by court order.....	NO FEE

#### Statement of Marriage/Divorce and Paternity Affidavit

Statement of Marriage or Divorce.....	\$15.00
Non-certified copy of paternity affidavit (Certified copy requires \$15.00 and certified court order) .....	NO FEE

#### VitalChek

VitalChek services (toll-free number 877-817-7363) .....	Additional Charge
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## Who Can Obtain a Vital Record

In the State of Missouri, vital records are not open to the general public. Copies of vital records are provided to specifically defined individuals or entities. This helps protect identities, prevent fraud, and preserve the integrity of vital records. State law only allows a certified copy of a vital record to be issued to a person with a direct and tangible interest in the record.

Pursuant to [19 CSR 10-10](#), the registrant, a member of his/her family, his/her guardian, or one of their official representatives shall be considered to have a direct and tangible interest and may be issued a certified copy of a vital record such as a birth or death certificate. Applicants requesting records shall furnish adequate identifying information contained on the record to ensure the correct record is being released.

- **Immediate family members** are qualified to receive copies of **birth certificates**. Immediate family members shall include those family members and in-laws in the direct line of descent up to, but not including, cousins.
- **All family members**, genealogist representing a family member, and professionally recognized genealogists are eligible to receive copies of **death certificates**.
- **Official representatives** shall include an **attorney, physician, funeral director**, or other authorized agent acting in behalf of the registrant or his/her family. Official representatives shall demonstrate a link between themselves and the registrant on the vital record or qualified family member. Funeral directors may act as an official representative to obtain copies of death records only.

*Example:* an attorney that has signed documentation indicating they represent the immediate family member or a funeral home director presenting signed documentation listing services provided for the decedent.

- **An other authorized agent** shall produce a signed statement by the registrant or a member of his/her qualified family authorizing the release of a record.

*Example:* a mother may write a signed notarized statement authorizing a neighbor to request and receive a record for her child if the mother is unable to make the request for herself.

- Others may demonstrate a direct and tangible interest when information is needed for **determination or protection of personal or property rights**.

*Example:* Direct and tangible interest would be present if a car title needed to be changed over to a person buying the car and the owner is deceased. The buyer would be qualified to receive a copy of the owner's death certificate.

- A **guardian** may receive a copy of the birth certificate of a child who is under his/her care and custody by showing guardianship papers.

- **Foster parents** may receive a copy of a birth certificate of a child who is under their care and custody upon furnishing a copy of their custody papers.
- A **stepparent** may receive a copy of a certificate of a legitimate birth by stating relationship.
- An **alleged father** may receive a copy of a birth record if he is shown as the father on that child's birth record. If the alleged father is not shown on that child's birth record, but has legal proof of custody (court papers, guardianship papers, notarized or certified power of attorney document from the mother or her legal representative that states he may receive copies on behalf of the mother) he would be qualified to receive copies of that child's birth record. Family members of an alleged father may not receive copies of a child's birth certificate unless he is shown on that child's birth certificate. In which case, they must be a member of the alleged father's immediate family and must demonstrate a link to the alleged father.

For additional information regarding vital records access, see the [Missouri Code of State Regulations](#).

## **Documents Required to Obtain Certified Copies of Vital Records**

### **Requesting certified copies in person**

- Signed application or request
- One state issued identity document that displays a name and photograph.

### **OR**

Two alternate forms of identification. At least two alternate forms of identification documents must be used if applicant does not have a picture identification card.

*See Alternate Forms of Identification Documents below.*

### **Requesting certified copies by mail**

- Signed application or request which **must be notarized by a notary public.**
- If applicable, [tangible interest documents or signed notarized statement authorizing release.](#)

### **Requesting certified copies online/by phone**

The Bureau of Vital Records contracts with [VitalChek](#) to process vital records requests online or over the phone. VitalChek can verify an identity electronically online through public record data powered by LexisNexis.

### **Acceptable Documentation for Identification**

Primary Documents (One document is required)

- A state issued driver's license that includes a photograph, date of birth
- A state issued identification card that includes a photograph, date of birth
- A current U.S. military identification card that includes a photograph
- A U.S. passport with current photograph
- A current school identification card/document showing applicant's name, photograph, and date of school year
- Work identification card that includes the applicant's name, photograph, and company name

**Alternate forms of Identification Documents** *(At least two alternate forms of identification documents must be used if applicant does not have a picture identification card when applying in person) Alternate documents must display name of applicant, may display date of birth, date of issuance (or year), must display institution, company or organization/agency name.*

- Letter from government or social agencies
- School yearbook
- A W-2 form issued within last year in addition to a signed Social Security card (social security numbers must match)
- Social Security card or Social Security numident printout (print out of an applicant's Social Security account of activities)
- Court certified adoption papers that includes adopted parent(s) name
- Official certified deeds or title to property
- Certificate of vehicle title or registration documents
- Proof of auto insurance
- Insurance policy (health, home, life, etc.)
- Medicaid/Medicare document or identification card
- A payroll stub that includes a Social Security number of applicant (cannot be handwritten stubs)
- Military discharge document (DD-214)
- Cancelled duplicate check (must show name, address, signature, and name of institution)
- Utility bills which shows name and address of applicant (water, gas, electric, telephone)
- Shelter name band (including name of shelter)

## **Sample Letter for Local Registrars to Issue Out of Country Disposition**

*Statement should be placed on Department/Office Letterhead*

*This letter must be notarized. A certified copy of the death certificate should also be notarized and attached. Authentication by the Secretary of State's office will be required. Please contact Missouri Department of Health and Senior Services Bureau of Vital Records at 573-751-6387 option 4 for additional guidance.*

Information has been reviewed from the death certificate of (name of deceased) who expired on (date of death) in (give city/county), Missouri. The cause of death was determined to be (give cause) by (give medical examiner/coroner, physician's name) of (give name of city/county).

It has also been determined by the certifier that (name of deceased) is free of communicable disease and has been released by (medical examiner/coroner, physician) for proper disposition by (give funeral home/service) of (give location of funeral home/service including city and state).

The body is to be removed from (give name of city/county), Missouri to (give state/country of burial).

Your signature & title  
Affix seal

**Notary Signature and Seal**

## **Courier Service as an Alternate to Mailing Death Certificates**

As an alternative to mailing death certificates through the United States Postal Service to the Bureau of Vital Records, you may choose to send them to the bureau using the State Public Health Laboratory courier service. Information about the courier service including drop off locations and pickup time can be found at <https://health.mo.gov/lab/courierservices.php>.

Please direct any questions about using the courier service for death certificates to the Bureau of Vital Records at 573-751-6387, Option 3. Again, using the courier is an option. You may also continue to mail death certificates using the postal service.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**CERTIFICATE OF DEATH**

STATE FILE NUMBER  
**124 -**

VS 300 MO 580-2211 (1-10)

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)				2. SEX		3. IF FEMALE, LAST NAME PRIOR TO FIRST MARRIAGE		4. ACTUAL OR PRESUMED DATE OF DEATH (Month, Day, Year)	
5. SOCIAL SECURITY NUMBER		6a. AGE - Last Birthday (Years)		6b. UNDER 1 YEAR MONTHS DAYS		6c. UNDER 1 DAY HOURS MINUTES		7. DATE OF BIRTH (Month, Day, Year)	
8. BIRTHPLACE (City and State or Foreign Country)		9a. RESIDENCE (COUNTRY)		(STATE, TERRITORY or PROVINCE)		9b. COUNTY		9c. CITY, TOWN, OR LOCATION	
9d. STREET AND NUMBER				9e. APARTMENT NO.		9f. ZIP CODE		9g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		11. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				12. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage.)			
13. FATHER'S NAME (First, Middle, Last, Suffix)				14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)					
15a. INFORMANT'S NAME (First, Middle, Last, Suffix)				15b. RELATIONSHIP TO DECEDENT		15c. MAILING ADDRESS (Street and Number, City, State, ZIP Code)			
<b>16. PLACE OF DEATH (Check only one: see instructions.)</b>									
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> DOA					IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
17. FACILITY NAME (If not institution, give street and number)					18. CITY OR TOWN, STATE AND ZIP CODE			19. COUNTY OF DEATH	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)			20b. DATE OF DISPOSITION (Month, Day, Year)		21. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		22. LOCATION (City or Town, State)		
23. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY					24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON ACTING AS SUCH			25. FUNERAL ESTABLISHMENT LICENSE NUMBER	
26. ACTUAL OR PRESUMED TIME OF DEATH					27. WAS MEDICAL EXAMINER/CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>CAUSE OF DEATH (See instructions and examples in handbook)</b>									
28. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.  IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. _____ Due to (or as a consequence of):  Sequentially list conditions, if any, leading to the cause listed on line a. Enter the <b>UNDERLYING CAUSE</b> (disease or injury that initiated the events resulting in death) <b>LAST</b> . b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____								Approximate interval : Onset to Death	
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.									
31. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown					32. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year				
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined					29. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No				
30. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No					37. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No				
34. DATE OF INJURY (Month, Day, Year) (Spell Month)			35. TIME OF INJURY		36. PLACE OF INJURY (e.g., decedent's home, construction site, restaurant, wooded area)			38. STREET AND NUMBER	
38a. LOCATION OF INJURY - STATE			38b. COUNTY		38c. CITY OR TOWN			38d. ZIP CODE	
39. DESCRIBE HOW INJURY OCCURRED					40. IF TRANSPORTATION ACCIDENT (SPECIFY) <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
41. CERTIFIER (CHECK ONLY ONE) <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.									
SIGNATURE ▶									
42. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 28)								43. TITLE OF CERTIFIER	
44. CERTIFIER MO LICENSE NUMBER				45. CERTIFIER NPI NUMBER			46. DATE CERTIFIED (Month, Day, Year)		
47. REGISTRAR'S SIGNATURE					48. FOR REGISTRAR ONLY - DATE FILED (Month, Day, Year)				
49. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD)				50. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____			51. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be.) <input type="checkbox"/> White <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Black or African American (Specify) _____ <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian (Specify) _____ <input type="checkbox"/> Chinese (Specify) _____ <input type="checkbox"/> Filipino (Specify) _____ <input type="checkbox"/> Japanese (Specify) _____ <input type="checkbox"/> Korean (Specify) _____ <input type="checkbox"/> Vietnamese (Specify) _____		
52. DECEDENT'S USUAL OCCUPATION (INDICATE TYPE OF WORK DONE DURING MOST OF WORKING LIFE. DO NOT USE "RETIRED")					53. KIND OF BUSINESS/INDUSTRY				

☐ EMBALMED ☐ NOT EMBALMED

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the deceased named above was embalmed by me, \_\_\_\_\_ (Name and Licensee Number)

or by student \_\_\_\_\_ (Name and Licensee Number) on \_\_\_\_\_ (Date) working under my personal supervision.

City or Town \_\_\_\_\_ State \_\_\_\_\_

Date Certified (Month, Day, Year) \_\_\_\_\_

NOTE: Failure to comply with embalming requirements constitutes grounds for revocation of license.

## Drop to Paper (DTP) Death Certificate Local Issuance Completion Guide

STATEMENT BY LICENSED EMBALMER			
<input type="checkbox"/> EMBALMED <input type="checkbox"/> NOT EMBALMED I hereby certify that the deceased named above was embalmed by me, _____			
or by student _____ <small>(Name and Licensee Number)</small>	on	_____ <small>(Name and Licensee Number)</small>	working under my personal supervision.
		_____ <small>(Date)</small>	
		_____ <small>City or Town</small>	_____ <small>State</small>
NOTE: Failure to comply with embalming requirements constitutes grounds for revocation of license.		_____ <small>Date Certified (Month, Day, Year)</small>	

Drop to Paper (DTP) death certificates can be:

1. Registered locally at a local public health agency (LPHA) and then issuable per state law for twenty-four (24) hours upon receipt, after which, the certificate shall be sent to the Bureau of Vital Records (BVR) in Jefferson City for final registration and assignment of a State File Number (SFN). In the event a certificate was accidentally accepted with errors or missing information at the local level, it **cannot** be sent back to be corrected, as copies could have already been issued at the local level. Therefore, a notarized correction affidavit will be required to correctly document and process any changes and officially register the record for permanent archival. **The certificate should not be re-dropped from MoEVR and a LPHA should never register a re-dropped certificate.** This results in duplicate registered versions. Therefore, all LPHAs should keep a log documenting all DTP death certificates they locally register. Until the errors and/or missing information is corrected and the certificate is accepted by BVR in Jefferson City, the record is not officially registered at the state level nor available for issuance at any level. After state registration, short form computer generated copies are issuable at the local level and short or long forms are available at the state level.

**OR**

2. not registered locally and couriered by an LPHA to BVR or mailed directly to BVR by a funeral home for final registration and assignment of a State File Number (SFN). If a DTP death certificate is not registered at the local level and sent directly to BVR, and the certificate has missing or blank information that prevents registration, it can simply be sent back to the funeral director to obtain missing information from the appropriate data provider and resubmitted. After state registration, short form copies are issuable at the local level and short or long forms are available at the state level.

**Please carefully follow these steps to ensure a drop to paper (DTP) death certificate will be accepted and registered for permanent archival at the Bureau of Vital Records (BVR) in Jefferson City.**

1. Ensure there are no signs the record has been altered. This includes scratch-outs or strike-throughs (even with initials next to the strike), write-overs, type-overs, and white-outs. The

error should be shown to the individual presenting the record with instruction that the record is unable to be filed and needs to be redone.

2. Check that the certificate is printed on 8 ½ x 14 security paper with the blue color and seal on the back.
3. No watermarks are permitted on the form (Most common is a watermark for “Office Copy”)
4. Additionally, a record being submitted **must have DTP-YYYY** located in the lower left corner below the “NOTE:” in order to be able to be locally registered. Certificates without this marking **cannot** be locally registered and should be sent directly to the Bureau of Vital Records.
5. A thorough, box by box, review of the death certificate needs to be made. If a required item is missing, the record should be returned to the presenter to take to the appropriate data provider to be completed. The record may be couriered directly to BVR instead of being registered at the local level. Once registered, short form death certificate copies can still be issued at the local level.

Below is a step-by-step guide.

1. **Decedent’s Legal Name** (include AKA’s if any) (First, Middle, Last, Suffix)
  - Must be present in First, Middle, Last name order
2. **Sex**
  - Must be male (M) or female (F)
3. **If Female, Last Name Prior to First Marriage**
  - Must be present if the decedent is a woman
  - May match Legal Name
4. **Actual or Presumed Date of Death** (Month, Day, Year)
  - Must be present in Month, Day, Year order
5. **Social Security Number**
  - May be “unknown”
6. **Age** – Last Birthday Years
  - Must be present (this should be consistent with the Date of Death minus Date of Birth)
  - If 6a is blank 6b or 6c should be completed
    - a. >59 minutes, hours should be used
    - b. >23 hours, days should be used
    - c. >28 days, months should be used
    - d. >11 months, years should be used
7. **Date of Birth** (Month, Day, Year)
  - Must be present
8. **Birthplace** (City and State or Foreign Country)
  - Must be present
9. **Decedent’s Residence**
  - a. **Country, State, Territory or Province**
    - Must be present
  - b. **County**

- Must be present
  - c. **City, Town, or Location**
    - Must be present
  - d. **Street and Number**
    - Must be present
  - e. **Apartment No.**
    - May be blank
  - f. **Zip Code**
    - Must be present
  - g. **Inside City Limits**
    - Must be answered
10. **Was Decedent Ever in U.S. Armed Forces?**
- Must be present
11. **Marital Status at Time of Death**
- Must be present
12. **Surviving Spouse's Name (if wife, give name prior to first marriage)**
- May be blank if Widowed, Divorced, Never Married, or Unknown
13. **Father's Name** (First, Middle, Last, Suffix)
- Must be present – may be “unknown”
14. **Mother's Name Prior to First Marriage**
- Must be present – may be “unknown”
15. **Informant's Information**
- Informant's Name** (First, Middle, Last, Suffix)
- Must be present
- Relationship to Decedent**
- Must be present
  - Cannot contradict 11 and 12 (11 – divorced, 15b spouse)
- Mailing Address** (Street and Number, City, State, and Zip Code)
- Must be present and complete
16. **Place of Death**
- Must be present
  - If “other” where has to be specified (written in)
17. **Facility Name**
- Must be present
  - If 16 is decedent's home then 17 must match 9d
18. **City or Town, State and Zip**
- Must be present
  - If 16 is decedent's home then 18 must match 9c and 9f
19. **County of Death**
- Must be present
  - If 16 is decedent's home then 18 must match 9c and 9f
20. **Disposition**

- a. **Method of Disposition**
  - Must be present
  - Only one may be chosen
- b. **Date of Disposition**
  - May be blank
  - Must be after the Date of Death
- 21. **Place of Disposition**
  - Must be present
- 22. **Location**
  - Must be present – this is the location of disposition
- 23. **Name and Complete Address of Funeral Facility**
  - Must be present and complete
- 24. **Signature of Funeral Service Licensee or Other Person Acting as Such**
  - Must be present
  - It may be typed if “DTP-YYYY” (YYYY=year) is below the note at the bottom, left of the page
- 25. **Funeral Establishment License Number**
  - May be blank if disposition was not handled by a funeral home but normally present
  - e.g. body donated to science or hospital disposition
- 26. **Actual or Presumed Time of Death**
  - Must be present
  - Must be complete (e.g. 6:54 requires an AM or PM, 12:00 noon or midnight)
- 27. **Was Medical Examiner/Coroner Contacted**
  - Must be marked
- 28. **Cause of Death**
  - Part I**
    - a. Must be present – approximate interval may be blank
    - b. May be blank – approximate interval may be blank
    - c. May be blank – approximate interval may be blank
    - d. May be blank – approximate interval may be blank
  - Part II – other significant conditions contributing to death**
    - May be blank
- 29. **Was an Autopsy Performed?**
  - Must be marked
- 30. **Were Autopsy Findings Available to Complete the Cause of Death?**
  - May be blank if #29 is marked “NO”
- 31. **Did Tobacco Use Contribute to Death?**
  - Must be marked
- 32. **If Female**
  - May be blank if the decedent is male
  - Must be marked if female is between the ages of 10 and 65

**33. Manner of Death**

- Must be marked
- Should be “Natural” if not signed by Medical Examiner or Coroner

**34-39 is all or none. No “N/A” allowed. This is where a Medical Examiner or Coroner inputs injury information.**

**34. Date of Injury**

- May be blank if no injury was present

**35. Time of Injury**

- May be blank if no injury was present

**36. Place of Injury** (e.g. decedent’s home; construction site; restaurant; wooded area)

- May be blank if no injury was present

**37. Injury at Work?**

- May be unmarked if no injury was present

**38. Location of Injury**

a. State

- May be blank if no injury was present

b. County

- May be blank if no injury was present

c. City or Town

- May be blank if no injury was present

d. Street and Number

- May be blank if no injury was present

e. Zip Code

- May be blank if no injury was present

**39. Describe how injury occurred**

- May be blank if no injury was present

**40. If Transportation Accident (Specify)**

- May be unmarked if not transportation related
- Must be blank if 34-39 blank

**41. Certifier** (Check Only One)

- Must be marked
- Must be signed by the person whose name is in box 42

**42. Name, Address and Zip Code of Person Completing Cause of Death (Item 28)**

- Must be present
- Must be complete – Name, street address, city, state, and zip code

**43. Title of Certifier**

- Must be present

**44. Certifier MO License Number**

- May be blank if not licensed in Missouri
- May be blank if certifier is a Coroner

- Check that this number is correct at <https://pr.mo.gov/licensee-search.asp>
45. **Certifier NPI Number**
- Must be present if #44 is blank and #42 is checked “Medical Certifier”
  - May be blank if #44 is filled
  - May be blank if certifier is a Coroner
  - Check that this number is correct at <https://npiregistry.cms.hhs.gov/>
46. **Date Certified** (Month, Day, Year)
- Must be present
  - Must be the date of death or later but not a future date
  - Should not be the date the medical certifier was licensed
47. **Registrar’s Signature**
- May be signed provided all criteria is met
  - Must be the registrar for the county of death in #19 and have “DTP-YYYY” under the “Note:” in the lower left corner of the certificate
  - Only signed once the certificate has been checked and if the presenter requires long form copies.
48. **For Registrar Only**
- Blank unless #47 is signed. Must be the date signed by the local registrar.
49. **Decedent’s Education**
- Must be marked
  - Infants will have 8<sup>th</sup> grade or less marked
50. **Decedent of Hispanic Origin?**
- Must be marked
51. **Decedent’s Race**
- Must be marked (even if Hispanic Origin is selected)
52. **Decedent’s Usual Occupation**
- Must be present
53. **Kind of Business/Industry**
- Must be present
- **Embalmed or Not Embalmed**
- Must be marked
- **Embalmer Information**
- Everything must be blank if not embalmed
  - “If embalmed” must be completed
    - Student Name and License Number may be blank if the decedent was not embalmed by a student
    - Date should be the same as or after the date of death
    - City or Town and State must be present
    - Date Certified (Month, Day, Year) must be the same as or after the date of death if completed

## Causes of Death Due To Trauma

Whenever circumstances suggest death was caused by other than natural causes the manner of death shall be determined by the medical examiner or coroner. They are also responsible for completing and signing the medical certification of the death certificate.

The following types of death can only be certified by the medical examiner or coroner:

### **A**

Accidental death of any type  
Asphyxia, asphyxiation (choking, strangulation, smothering, etc.)  
Aspiration (choking) on food, foreign objects  
Assault

### **B**

Beating  
Blunt Trauma

### **C**

Crib death  
Crush injuries  
Cuts

### **D**

Drowning  
Drug overdose or intoxication

### **E**

Electrocution

### **F**

Fire (including smoke inhalation)  
Firearms injuries  
Fractures (except for pathologic fractures)

### **G**

Gunshot wounds

### **H**

Homicide

### **I**

Injuries  
Intoxication

### **J**

Jail Deaths

### **M**

Motor vehicle related

### **P**

Poisoning

### **S**

Sudden Infant Death Syndrome (SIDS)  
Suicide

### **T**

Thermal injuries

### **U**

Undetermined, Unknown



## **STATEWIDE REGISTRATION**

Missouri began statewide registration of births and deaths on January 1, 1910.

## **STATUTORY AUTHORITY FOR VITAL RECORDS**

Statutory authority for vital records is in Chapter 193 and Chapter 10 of the Missouri Code of State Regulations. Missouri vital records are not open to the public.

There is a Memorandum of Understanding between the Department of Health and Senior Services (DHSS) and each Local Public Health Agency (LPHA) that describes the responsibilities for each entity as it relates to accessing the vital records centralized database, charges for the transactions necessary to issue certified copies, security, etc.

## **CURRENT FEE INFORMATION**

The current fee for a birth certificate is \$15 per copy. The fee for a death certificate is \$14 for the first copy and \$11 for each additional copy when ordered at the same time. All fees paid to the LPHA for issuance of certified copies are retained by the local agency for local public health purposes except those fees required by law to be remitted to the Coroners' Training Fund. Certificate paper is supplied by the state to local registrars at no cost, upon written request.

## **WHAT RECORDS ARE AVAILABLE FOR CERTIFICATION**

Birth certifications of vital events occurring from 1910 to the present are currently available from the centralized database for issuance by the local registrars. Certifications of death are available from 1980 to the present. A full certified copy of a death certificate can only be issued by the local registrar's office within 24 hours of receipt of the record. After this time limit, full copies can only be issued from the state office.

## **TRAINING**

Training is provided by State Vital Records staff upon request. Training includes reviewing appropriate statutes and regulations; confidentiality and security requirements; explaining who has access to vital records; identification requirements; instructions on using the computer system; review and registration of death certificates, etc.

## **ELECTRONIC VITAL RECORDS**

DHSS implemented web-based registration of birth and death records in 2010. The system is referred to as MoEVR (Missouri Electronic Vital Records). This system allows birth and death records to be filed electronically, eliminating the need for filing paper certificates with the local registrar. However, there are data providers who are not yet using the electronic system. Local registrar staff are trained on the review and processing of these paper records. Local registrars are encouraged to use the State Public Health Laboratory's courier service to send paper death certificates to the Vital Records office in Jefferson City.

## **CONTACT FOR MORE INFORMATION**

Contact the Bureau of Vital Records at (573) 751-6387 with any questions.

## **Vital Records Best Practices Check List**

This list is a quick reference check list and does not include all required vital records processes. Please regularly review and adhere to all applicable vital records laws, regulations, policy procedures, and contractual agreements.

- Vital records certificate paper should be kept in a locked cabinet or secured storage location and accounted for at all times.
- All birth and death certificates issued should be recorded by a written or electronic application log, receipt book, or other similar process and include at a minimum: vital records certificate tracking number (located on the back of each piece of certificate paper), applicant contact information, and registrant information.
- Applications, logs, receipt books, and other similarly related documentation relating to vital records should be maintained for at least a period of five (5) years.
- Ensure listing of all local vital records team members (local registrars and deputy registrars) remains up-to-date with the state office.

Contact the Missouri Department of Health and Senior Services, Bureau of Vital Records (573-751-6387), when any vital records related questions arise or to schedule specialized training for new local vital records team members or refresher courses for existing team members.

## Death Certificates and the Missouri State Coroners' Training Fund

 <b>Form 5829</b> MISSOURI DEPARTMENT OF REVENUE <b>Coroners' Training Fund</b>	
County Name	Death Certificate Copies/Certifications Issued _____
County Address	X \$1 = _____
Report Period	Total Due = \$ _____
	Check Number _____
<b>Signature</b> Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. Payment is due by the 10th of the month following the month of collection. Example: Payments received during the month of September are due by October 10th.	
Signature of Recorder	Date (MM/DD/YYYY) _____
<b>Mail to:</b> Taxation Division P.O. Box 453 Jefferson City, MO 65105-0453 <b>Phone:</b> (573) 751-5900 <b>Fax:</b> (573) 522-1720 <b>E-mail:</b> <a href="mailto:countyfees@dor.mo.gov">countyfees@dor.mo.gov</a> Visit <a href="http://dor.mo.gov/business/citycounty/">http://dor.mo.gov/business/citycounty/</a> for additional information.	
Form 5829 (Revised 08-2020) 	

Per RSMo 58.208, one (1) dollar from each death certificate issued (including drop to paper certificates) shall be remitted to the Missouri Department of Revenue (DOR) on a monthly basis.

- Currently, each local public health agency (LPHA) should maintain a log or listing of all vital records issued. Using this log, the number of death certificates at the end of each month shall be determined.
- \$1.00 from each death certificate issued shall be calculated and a check in the resulting amount be remitted to DOR using the payment remittance form titled **DOR Form Number 5829** located at <https://dor.mo.gov/forms/5829.pdf>

## Homeless Youth Fee Exempt Birth Certificate

Per RSMo 193.265, an eligible homeless or unaccompanied youth, under twenty-one (21) years of age, may receive one fee exempt copy of a birth record from the Department of Health & Senior Services (DHSS), Bureau of Vital Records in Jefferson City or a local public health agency(LPHA)/local registrar.

- Requests may be made by a parent or guardian of a homeless youth under twenty-one (21) years of age, as defined in subsection 1 of section 167.020, RSMo, or an unaccompanied youth, as defined in 42 United States Code (U.S.C.) Section 1434a(6).
- A youth may only receive one fee exempt birth record. For the issuance of any additional certificates, the statutory fee shall be paid.
- Requests for fee exempt copies are still subject to all other [requirements](#) outlined in the [application](#) for obtaining copies of birth records.
- An “[Affidavit of Homeless or Unaccompanied Youth Status for Fee Exempt Certified Copy of Birth Certificate](#)” shall accompany an application for a homeless youth fee exempt birth certificate. Additional eligibility requirements and applicable information is located on the affidavit.
- If the Bureau of Vital Records in Jefferson City has already issued one fee exempt copy of a birth certificate, a flag will be placed on the record to alert all LPHAs that one fee exempt copy has already been issued. Therefore, if additional copies are printed, applicable fees shall be collected.

**If an LPHA issues one fee exempt copy, the following steps must be completed to ensure the record is flagged appropriately at the state level:**

Step 1: Send an email to [VitalRecordsSupport@health.mo.gov](mailto:VitalRecordsSupport@health.mo.gov) with the subject line “Homeless/Unaccompanied Youth Birth Certificate”

Step 2: In the body of the email, state that one free copy was issued and include the registrant’s name, date of birth, and the names of the registrant’s parents.

The state office will then place a flag on the record so, in the future, all offices across the state are aware a fee exempt copy has already been issued.



## Bureau of Vital Records Contact List

**930 WILDWOOD DRIVE, JEFFERSON CITY, MO 65109** [www.health.mo.gov/vitalrecords](http://www.health.mo.gov/vitalrecords)

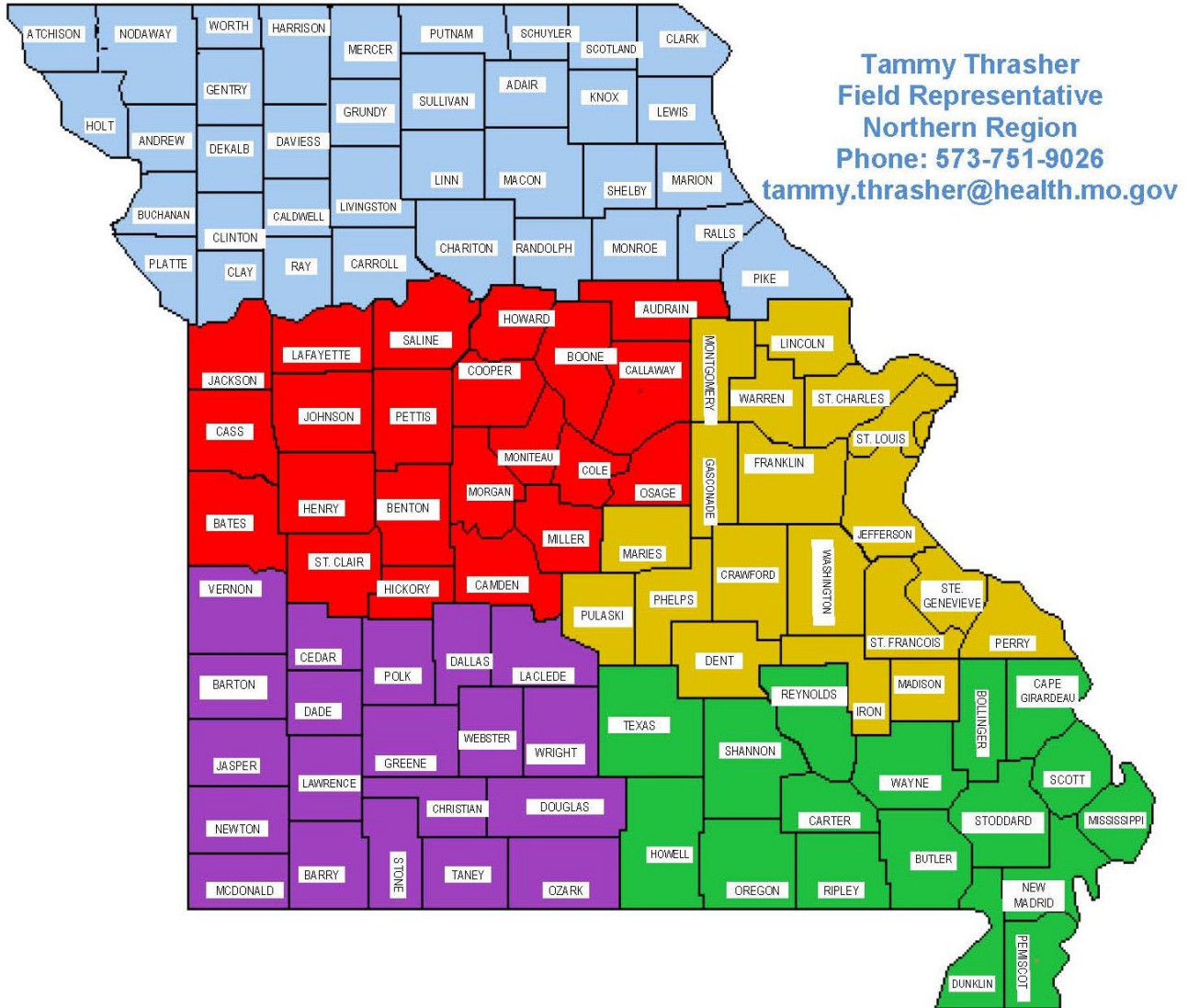
TEAM MEMBER	TITLE/SERVICE AREA	PHONE	EMAIL
Ken Palermo	State Registrar	573-522-2808	<a href="mailto:ken.palermo@health.mo.gov">ken.palermo@health.mo.gov</a>
Joyce Luebbering	Bureau Chief	573-526-4717	<a href="mailto:joyce.luebbering@health.mo.gov">joyce.luebbering@health.mo.gov</a>
Dylan Bryant	Deputy Bureau Chief	573-526-1511	<a href="mailto:dylan.bryant@health.mo.gov">dylan.bryant@health.mo.gov</a>
Chris Bursnall	Field Representative, Southeast Region	573-751-6375	<a href="mailto:chris.bursnall@health.mo.gov">chris.bursnall@health.mo.gov</a>
Eron Foster	Field Representative, Eastern Region	573-522-1712	<a href="mailto:eron.foster@health.mo.gov">eron.foster@health.mo.gov</a>
Scott Long	Field Representative, Southwest Region	573-522-3233	<a href="mailto:scott.long@health.mo.gov">scott.long@health.mo.gov</a>
Tammy Thrasher	Field Representative, Northern Region	573-751-9026	<a href="mailto:tamara.thrasher@health.mo.gov">tamara.thrasher@health.mo.gov</a>
Breanna Werdehausen	Field Representative, Central Region	573-751-1691	<a href="mailto:breanna.werdehausen@health.mo.gov">breanna.werdehausen@health.mo.gov</a>
<b>Bureau of Vital Records Main Line</b>		573-751-6387	<a href="mailto:VitalRecordsInfo@health.mo.gov">VitalRecordsInfo@health.mo.gov</a>
Certification Unit	Issues Vital Records	573-751-6387, Opt 1	<a href="mailto:VitalRecordsInfo@health.mo.gov">VitalRecordsInfo@health.mo.gov</a>
Amendment Unit	Corrects Vital Records	573-751-6387, Opt 2	<a href="mailto:VitalRecordsInfo@health.mo.gov">VitalRecordsInfo@health.mo.gov</a>
Central Processing Unit	Registers Vital Records	573-751-6387, Opt 3	<a href="mailto:VitalRecordsInfo@health.mo.gov">VitalRecordsInfo@health.mo.gov</a>
Field Representatives	MoEVR/Stakeholder Support	573-751-6387, Opt 4	<a href="mailto:MoEVRsupport@health.mo.gov">MoEVRsupport@health.mo.gov</a>
LPHA/County Dedicated Email Support (15 minute response time)			<a href="mailto:VitalRecordsSupport@health.mo.gov">VitalRecordsSupport@health.mo.gov</a>
<b>ITSD</b>	PROD/TN 3270 Help Desk	573-751-6388	
<b>To Order Supplies:</b>	Fax request on agency letterhead	573-526-3846	



## Health Program Representative Assigned Counties

Bureau of Vital Records  
930 Wildwood Drive  
Jefferson City, MO 65109  
**MoEVR Help Desk:**  
**573-751-6387, Option 4**

**Breanna Werdehausen**  
**Field Representative**  
**Central Region**  
**Phone: 573-751-1691**  
**[breanna.werdehausen@health.mo.gov](mailto:breanna.werdehausen@health.mo.gov)**



**Scott Long**  
**Field Representative**  
**Southwestern Region**  
**Phone: 573-522-3233**  
**[scott.long@health.mo.gov](mailto:scott.long@health.mo.gov)**

**Chris Bursnall**  
**Field Representative**  
**Southeastern Region**  
**Phone: 573-751-6375**  
**[chris.bursnall@health.mo.gov](mailto:chris.bursnall@health.mo.gov)**

**Eron Foster**  
**Field Representative**  
**Eastern Region**  
**Phone: 573-522-1712**  
**[eron.foster@health.mo.gov](mailto:eron.foster@health.mo.gov)**

ERON 522-1712		BREANNA 751-1691		SCOTT 522-3233		TAMMY 751-9026		CHRIS 751-6375	
CRAWFORD	55	AUDRAIN	7	BARRY	9	ADAIR	1	BOLLINGER	17
DENT	65	BATES	13	BARTON	11	ANDREW	3	BUTLER	23
FRANKLIN	71	BENTON	15	CEDAR	39	ATCHISON	5	CAPE GIRAR	31
GASCONADE	73	BOONE	19	CHRISTIAN	43	BUCHANAN	21	CARTER	35
IRON	93	CALLAWAY	27	DADE	57	CALDWELL	25	DUNKLIN	69
JEFFERSON	99	CAMDEN	29	DALLAS	59	CARROLL	33	HOWELL	91
LINCOLN	113	CASS	37	DOUGLAS	67	CHARITON	41	MISSISSIPPI	133
MADISON	123	COLE	51	GREENE	77	CLARK	45	NEW MADRID	143
MARIES	125	COOPER	53	JASPER	97	CLAY	47	OREGON	149
MONTGOMERY	139	HENRY	83	JOPLIN CITY		CLINTON	49	PEMISCOT	155
PERRY	157	HICKORY	85	LACLEDE	105	DAVISS	61	REYNOLDS	179
PHELPS	161	HOWARD	89	LAWRENCE	109	DEKALB	63	RIPLEY	181
PULASKI	169	JACKSON	95	MCDONALD	119	GENTRY	75	SCOTT	201
ST CHARLES	183	JOHNSON	101	NEWTON	145	GRUNDY	79	SHANNON	203
ST FRANCOIS	187	KANSAS CITY		OZARK	153	HARRISON	81	STODDARD	207
ST LOUIS	189	LAFAYETTE	107	POLK	167	HOLT	87	TEXAS	215
ST LOUIS CITY	510	MILLER	113	STONE	209	KNOX	103	WAYNE	223
STE GENEVIEVE	193	MONITEAU	135	TANEY	213	LEWIS	111		
WARREN	219	MORGAN	141	VERNON	217	LINN	115		
WASHINGTON	221	OSAGE	151	WEBSTER	225	LIVINGSTON	117		
		PETTIS	159	WRIGHT	229	MACON	121		
		SALINE	195			MARION	127		
		ST CLAIR	185			MERCER	129		
						MONROE	137		
						NODAWAY	147		
						PIKE	163		
						PLATTE	165		
						PUTNAM	171		
						RALLS	173		
						RANDOLPH	175		
						RAY	177		
						SCHUYLER	197		
						SCOTLAND	199		
						SHELBY	205		
						SULLIVAN	211		
						WORTH	227		

# Bureau of Vital Records Training Evaluation

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1. Please rate the training you received today:

Excellent   Above Average   Average   Below Average   Poor

2. Do you feel the training was helpful in educating you and/or your staff in relation to what was asked of the field representative to provide? Please provide comments so we understand where we can make changes in the training.

Yes                      Somewhat                      No

Comments:

3. Were your questions answered in this training? Please provide comments so we understand where we can make changes in the training.

Yes                      Somewhat                      No

Comments:

4. How can we improve this training to better suit your needs?

5. How can the Bureau of Vital Records better serve you?